

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 091179 544	FILING DATE 10-6-00				
						APPLICANT(S)					
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51					
2						52					
3						53					
4						54					
5						55					
6						56					
7						57					
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41						91					
42						92					
43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL IND.	/					TOTAL IND.					
TOTAL DEP.	10	↔		↔	↔	TOTAL DEP.	↔		↔	↔	
TOTAL CLAIMS	11	SEARCHED	INDEXED	MAILED	FILED	TOTAL CLAIMS	SEARCHED	INDEXED	MAILED	FILED	